#### Attachment F

## Denali Commission Quarterly Project Narrative and Funds Disbursement Request

Project N	iame:wrangell Medical C	enter Climic Renovation	
Agency:	Wrangell Medical Center_	Reporting Period:	1 <sup>st</sup> Quarter
Grant #:	06-4-C-4900	Amount of Funds Requested \$_	
1. What i	s the status of the project; inc	clude portions completed?	1
Services:	and is no longer run by Wran	s currently being leased by Wrang gell Medical Center. Wrangell C with a plan for the renovation.	
2. Is the p	project on schedule; if not, he	w will this be dealt with?	
the staff o		is now to find an architect or eng l center to come up with plans tha	
	project on budget; if not, how es have been spent so far.	will this be dealt with?	
4. Other o	comments/problems and solu	tions:	
Ďenartm <i>e</i> nt	t of Health and Social Services		Last Undated 9/29/03

### Attachment G

### Denali Commission Quarterly Project Financial Report

Project Name:Wrangen Medical Center Chinic Renovation						
Agency:Wrangell Medical Center Reporting Period:1 <sup>st</sup> Quarter  Grant #:06-4—C-4900						
Please include the following information: (Use additional pages as necessary)						
Budget Information:						
1. The total project budget—Denali Commission and other funds combined — \$100,000						
2. The total project expenditures as of the end of the most recent quarter — none						
3. The total amount of Denali Commission funds committed to the project — \$50,000						
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period — none						
5. The percentage of expenditures to the total budget — N/A						
5. Project Performance Analysis (use PPA form on page2 of 641)						
Project Schedule:						
Show the project schedule with milestone dates for design and construction.						
Project on hold — no schedule						

Form 641A

Project Name: \_\_\_\_ Wrangell Medical Center Clinic Renovation \_\_

### Attachment G

# Denali Commission Quarterly Project Financial Report Project Performance Analysis (PPA) Form

Agency:Wrangell Me	Reporting Period: 1st Quater			
Grant #:06-4-C-4900				
NOTE: Include Den	ali Commiss	ion Grant F	unds Only o	n this form.
	,			NONE
1,424				
·		; .		
	·			
			**************************************	
Totals:				
Signature:	right		January Date:	11, 2005
_Karen A. Wright, Admin	// istrative Assist	ant		
Print Name and Title:				Form 641B
Department of Health and Social Facilities Section	al Services	(2)		Last Updated 9/29/03